

## **FINANCIAL PLANNING SEMINAR REGISTRATION FORM INSTRUCTIONS**

### **ATTENTION TRAINING/PERSONNEL OFFICERS:**

Two separate packets of materials will be sent to enrolled members at the address listed on the registration form. One packet of materials will be sent approximately 60 days prior to the seminar; the second packet will be mailed approximately 30 days prior to the seminar. If the address listed is the employer's address, these materials should be immediately forwarded to the employee. If the address listed is the member's address, the two packets will be mailed directly to the member. Regardless of which address is listed, a second copy of the notification letter will be included to provide the employer with verification of employees' enrollment.

### **ENROLLMENT NOTIFICATION:**

Initial notification of enrollment will be mailed to enrollees or training/personnel officers approximately eight weeks after registration request is received.

### **CANCELLATIONS AND SUBSTITUTION POLICY:**

All cancellations must be received in writing at least ten working days prior to the seminar. Mail or FAX cancellations to the CalPERS office responsible for conducting the seminar. Requests for substitutions or switching of participants must be cleared through the appropriate office at least ten working days prior to the scheduled seminar.

### **ADDITIONAL INFORMATION:**

For specific information regarding seminars (facility, address, etc.) contact the responsible CalPERS office listed in the schedule.



## FINANCIAL PLANNING SEMINAR REGISTRATION

### SECTION I: OFFICE CONDUCTING SEMINAR

<input type="checkbox"/> <b>SACRAMENTO</b> 400 P Street, Room 1490 Sacramento, CA 95814 (916) 326-3630 FAX (916) 326-3176 TDD: (916) 326-3240 CALNET: 475-3630	<input type="checkbox"/> <b>SAN FRANCISCO</b> 301 Howard Street Suite 2020 San Francisco, CA 94105 (415) 396-9700 FAX (415) 396-9776 CALNET: 531-9700	<input type="checkbox"/> <b>LOS ANGELES</b> 11766 Wilshire Boulevard Suite 1600 Los Angeles, CA 90025 (310) 231-3464 FAX (310) 231-3480	<input type="checkbox"/> <b>SAN BERNARDINO</b> 650 East Hospitality Lane Suite 330 San Bernardino, CA 92408 (909) 383-4431 FAX (909) 383-6882 CALNET: 670-4431
<input type="checkbox"/> <b>FRESNO</b> 10 River Park Place East Suite 230 Fresno, CA 93720 (209) 433-0164 FAX (209) 433-0196	<input type="checkbox"/> <b>MOUNTAIN VIEW</b> 650 Castro Street Suite 240 Mountain View, CA 94041 (415) 428-0112 FAX (415) 428-0279	<input type="checkbox"/> <b>ORANGE COUNTY</b> 500 North State College Blvd. Suite 750 Orange, CA 92868 (714) 935-2625 FAX (714) 935-2628	<input type="checkbox"/> <b>SAN DIEGO</b> 7676 Hazard Center Drive Suite 350 San Diego, CA 92108 (619) 220-5454 FAX (619) 220-5457 CALNET: 688-5454

\*Privacy Statement: Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL93-679). If provided, the Social Security Number may be used by departments to maintain records of training requested and attended by members.

### SECTION II: SEMINAR INFORMATION

Please identify the type of seminar you would like to attend (Please check one box only):

☐ **RETIREMENT & ESTATE PLANNING (one-day seminar)** ☐ **ACHIEVING FINANCIAL SECURITY (one-day seminar)**

(For members *less than 10 years* from retirement)

(For members *more than 10 years* from retirement)

Please Enroll In First Available Seminar	YES	NO	Location
Specific Date Requested	Date		Location
Would you attend a Saturday presentation?	YES	NO	Location

### SECTION III: MEMBER INFORMATION

Last	First (PRINT OR TYPE ONLY)	Social Security No.:
Name:		

Employer:

Disability Accommodation: ☐ Auditory ☐ Mobility ☐ Visual ☐ Other .

### SECTION IV: SPOUSE INFORMATION

WILL SPOUSE ATTEND: ☐ YES (Please Complete Section) ☐ NO (Please Skip To Section V)

IF SPOUSE IS ATTENDING, IS SPOUSE ALSO A CALPERS MEMBER? ☐ YES (If yes, please complete section)  
☐ NO (Please skip to Section V)

Spouse Name:	Spouse Social Security No.:
Spouse Employer:	

### SECTION V: NOTIFICATION INFORMATION

NOTIFICATION SHOULD BE SENT WHERE? ☐ MEMBER ☐ EMPLOYER

Employer Name (if applicable) (PRINT OR TYPE ONLY)	Daytime Telephone Number:
Division and ARU/MIC: (if applicable)	
Address:	Contact (if applicable)
City, State, and Zip Code:	Telephone Number: